

PTO/SB/31 (02-01)
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| OTICE OF APPEAL FROM THE EXAMINER TO THE   |   | Docket Number (Optional)       |                                |  |
|--|---|--------------------------------|--------------------------------|--|
| BOARD OF PATENT APPEALS AND INTERFERENCE   |   | UF-260XC1                      |                                |  |
| I hereby certify that this correspondence is being deposited with<br>the United States Postal Service with sufficient postage as first<br>class mail in an envelope addressed to "Commissioner for     | In re Application of<br>Nathan Andrew Shapira, Mary Catherine Lessig,<br>Daniel John Driscoll |                                |                                |  |
| Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on July 16, 2004  Signature  Typed or printed   | Application Number<br>09/997,447  |                                | Filed<br>November 30, 2001     |  |
|  | For Treatments for Neurogenetic Disorders, Impulse Control Disorders, and Wound Healing       |                                |                                |  |
| name Frank C. Eisenschenk, Ph.D.   | Group Art Unit<br>1614  |                                | Examiner<br>Phyllis G. Spivack |  |
| Applicants hereby appeal to the Board of Patent Appeals and Interferences from the last decision of the examiner.  |   |                                |                                |  |
| The fee for this Notice of Appeal is (37 CFR 1.17(b))  | \$  |                                | 330.00                         |  |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:  \$\sum_{165.00}\$   |   |                                |                                |  |
| A check in the amount of the fee is enclosed.  |   |                                |                                |  |
| Payment by credit card. Form PTO-2038 is attached.   |   |                                |                                |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.  I have enclosed a duplicate copy of this sheet.   |   |                                |                                |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to a Deposit Account No. 19-0065 . I have enclosed a duplicate copy of this sheet.               |   |                                |                                |  |
| A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.   |   |                                |                                |  |
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| I am the   | Jo.   | 1. 00                          | is all                         |  |
| ☐ applicant/inventor.  | ya  | Signa                          | ture                           |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   | ) <u>F</u>  | rank C. Eisens<br>Typed or pri |                                |  |
| attorney or agent of record.  Registration number  |   |                                | 352/375-8100<br>ephone Number  |  |
| attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.   |   |                                | July 16, 2004<br>Date          |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |   |                                |                                |  |
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